

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Japanese Encephalitis Vaccine Inactivated</p> <p>JE-VAX® Sanofi Pasteur</p> <p>(JE-VAX is no longer being manufactured)</p> <p>Japanese Encephalitis Vaccine Inactivated, Adsorbed</p> <p>IXIARO® Intercell Biomedical (Distributed by Novartis Vaccines)</p>	<p>JE-VAX®</p> <p>Children 1 through 2 years of age:</p> <p>First: 0.5 mL SC Second: 0.5 mL SC 7 days later Third: 0.5 mL SC 30 days after first dose*</p> <p>Persons 3 years of age and over:</p> <p>First: 1.0 mL SC Second: 1.0 mL SC 7 days later Third: 1.0 mL SC 30 days after first dose*</p> <p>* An abbreviated schedule of 0, 7, and 14 days may be used when the longer schedule is impractical because of time constraints.</p> <p>The last dose should be given at least 10 days before travel to ensure an adequate immune response and access to health care in the event of delayed adverse reactions.</p> <p>(See Comments and Contraindications column)</p> <p>IXIARO®</p> <p>Persons 17 years of age and over:</p> <p>First: 0.5 mL IM Second: 0.5 mL IM 28 days later*</p> <p>*Immunization series should be completed at least 1 week prior to potential exposure to JEV.</p> <p>SC: Subcutaneous IM: Intramuscular</p>	<p>0.5 mL SC after 2 years</p> <p>1.0 mL SC after 2 years</p> <p>Not established</p>	<p>JE-VAX is no longer being produced. The remaining doses of JE-VAX are being distributed in a limited quantity monthly to providers from Sanofi. JE-VAX is the only vaccine licensed for use in children aged 1 through 16 years. Safety and effectiveness of IXIARO in a pediatric population (<17 years of age) has not been established. Studies are in process.</p> <p>Indications: Vaccination is indicated for (1) Laboratory workers with a potential for exposure to infectious JE virus (JEV) and (2) Travelers who plan to spend a month or longer in endemic areas during the JEV transmission season.</p> <p>Consider vaccination for (1) Short-term travelers (<1 month) to endemic areas during the JEV transmission season if they plan to travel outside of an urban area and have an itinerary or activities that will increase their risk of JEV exposure, (2) Travelers to an area with an ongoing JE outbreak, or (3) Travelers to endemic areas who are uncertain of specific destinations, activities, or duration of travel.</p> <p>Vaccine <u>not</u> recommended for short-term travelers whose visit will be restricted to urban areas or times outside of a well-defined JEV transmission season.</p> <p>Special Instructions: Advise travelers that the current U.S. and international advisories should be consulted regarding prevalence of Japanese encephalitis in specific locations. Counsel persons traveling to epidemic and endemic areas that the vaccine may not fully protect everyone who gets it and that personal precautions should be taken to reduce exposure to mosquito bites (adequate clothing, use of repellents, mosquito nets). For IXIARO give the vaccine recipient the required vaccination information sheet found with the package insert. CDC also has a Vaccine Information Statement on Japanese Encephalitis Vaccine for vaccine recipients. Provide an opportunity to discuss any questions or concerns.</p> <p>Adverse Reactions:</p> <ul style="list-style-type: none"> • JE-VAX: Injection site tenderness, redness, swelling and other local effects have been reported in about 20% of vaccinees. Systemic side effects principally fever, headache, malaise, rash, and other reactions, such as chills, dizziness, myalgia, nausea, vomiting, and abdominal pain have been reported in approximately 10% of vaccinees. More severe systemic side effects include angioedema of the extremities, face, and oropharynx, especially of the lips, and hypertension, can occur up to 17 days (usually within 10 days) of receipt of vaccine (About 60 per 10,000 people vaccinated have had allergic reactions to JE-VAX.). Other severe problems, such as seizures or nervous system problems have been reported rarely (< 1 per 50,000 people vaccinated). • IXAIRO: The most common (≥ 10%) systemic adverse events observed in clinical trials were headache and myalgia. The most common (≥ 10%) local reactions after vaccine administration were pain and tenderness. Nausea, skin rash, fatigue, flu-like illness, and fever may also occur. <p>Contraindications and Precautions:</p> <ul style="list-style-type: none"> • JE-VAX Contraindications: Anaphylactic reaction to previous dose of vaccine, or severe hypersensitivity to any component of the vaccine, especially proteins of rodent or neural origin. Vaccine contains thimersol. Precautions: Persons with a history of previous allergic reactions or urticaria attributed to <u>any cause</u> (e.g., medications, other vaccinations, or insect bite) might be at higher risk for allergic complications from JE-VAX. Pregnancy unless benefit outweighs risks. • IXAIRO Contraindications: Anaphylactic reaction to previous dose of vaccine, or severe hypersensitivity to any component of the vaccine, including protamine sulfate. This vaccine should be used during pregnancy only if clearly needed. Precautions: Pregnancy unless benefit outweighs risks.